Timesheet - Payroll Hall County School System



Employee Name:	Employee ID# / Last 4 Digits of SSN:								
School/Facility:	hool/Facility: Position:								
Are these hours in addition to	o your norn	nal hours	worked p	er day?	Yes	No			
Week Ending	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
Hours n	# of hours nust be entere	# of hours ed in auarte	# of hours er hour inci	# of hours rements (ex	# of hours	# of hours 75, 1, 1,25,	# of hours etc)	# of hours	
		ļ		(000					
**Overtime is defined as hours a Overtime must be approved in	advance by th	ne Personne	el Office.		IOIA		AR HOURS		
Employee's Signature:							Date:		
Supervisor's Signature:							Date:		
DATE I	DUE IN PA	YROLL	OFFICE	E: SEE PA	AYROLL	CALEN	DAR		
	FOR (CENTR.	AL OFF	ICE US	E ONL	Y:			
OVERTIME RATE	X	OVI	OVERTIME HOURS			OVERTIME PAY			
REGULAR RATE	X	RE	GULAR HO	OURS	= REGULAR PAY			_	
			TOTAL PA	Y					
Cleared Personnel:			Received in Payroll:						